

Case Number:	CM14-0122523		
Date Assigned:	09/03/2014	Date of Injury:	10/21/2010
Decision Date:	10/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 39-year-old male with a 10/21/10 date of injury. The 02/21/14 progress report indicates that he experienced an industrial injury in 04/2007 one he suddenly arose from a chair and struck the cervical spine resultant with headache and cervical pain. He had a following injury due to repetitive work and carrying/lifting in 2010. Complaints include persistent headache 10/10, nausea with headache. Cervical pain 5/10 with radiation to the left elbow, increased with Valsalva maneuver, with weakness in both hands, thoracic pain 7/10 bilateral, lumbar pain 2-3/10 with radiation to the thighs bilaterally. Pain would awaken him from sleep. MRI studies from 2011 indicate disk herniations at C5-6 and C6-7 with straightening of cervical lordosis, disk bulges at T2-3 and T9-10, herniation with annular tear at T11-12, the bulging disk at L5-S1. Straight leg raise positive on the right at 40 degrees, positive on the left at 60 degrees. Tenderness without spasm in bilateral cervical and lumbar paravertebral muscles. Limited viral and in cervical and lumbar regions. History has included medications and chiropractic therapy. Diagnosis included cervical disk herniation with myelopathy, lumbar disk bulge, headaches, cervical, thoracic, lumbar and facet mediated neck pain. Cervical, thoracic and lumbar symptomatology is permanent and stationary without signs of nerve root decompensation such as atrophy, weakness, sensory loss or reflex asymmetry. The 05/27/14 psychiatry QME states that starting 05/30/13 the claimant discharges cured from his industrial diagnosis of adjustment disorder with mixed anxiety and depressed mood. This report recommends that the medications are tapered off, no psychological sessions are recommended. The 05/23/14 court ordered PTP concludes that the patient is permanently and totally disabled and will not be able to engage in any regular employment. The diagnoses listed are headaches, hypertension, cervical disk herniation with myelopathy, lumbar disk bulge, thoracic herniations with annular tear, anemia, kidney damage. GERD is due to medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Prescription of nucynta 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Chapter - Nucynta Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. (Afil

Decision rationale: The records indicate that the patient is taking Nucynta since 2011. The records do not include ongoing documentation of continuous pain relief, measurable objective functional gains from the medication use. In addition no recent urine drug screen results have been presented to address the patient's compliance with opioid medication use contract. Therefore, the guidelines do not support ongoing treatment with this medication. Recommendation is for not medically necessary.

1 Prescription of Amitriptyline 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 OF 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The 2012 AHS/AAN Guidelines for Prevention of Episodic Migraine: <http://www.headachejournal.org/SpringboardWebApp/userfiles/headache/file/AHS-AAN%20Guidelines.pdf> Amitriptyline has been downgraded to Level B in the new guidelines.

Decision rationale: The 02/21/14 assessment report by [REDACTED] notes complaints of severe headaches with pain levels 10/10, occurring twice a week lasting for a couple hours, or 2 to 3 days. The patient indicates the headache is bifrontal and he will vomit once a week from headaches. Same report concludes that the patient's present combination of medications has resulted in undue side effects. The physician states that the medications should be altered either in dose or combination, since with correct medication administration sedation should not be experienced, whereas the undue sedation is noted as well as kidney failure. With above stated in mind, as well as the fact that the medical records do not contain evidence of ongoing improvement with amitriptyline, the recommendation is for not medically necessary.

